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Montana Journal of Health, Physical Education, Recreation and Dance

Fall/Winter 1993

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Published by
Montana Association for Health, Physical Education, Recreation and Dance

MONTANA JOURNAL
OF HEALTH,
PHYSICAL EDUCATION,
RECREATION AND
DANCE

MAHPERD

Fall/Winter 1993

Montana Association for Health, Physical Education, Recreation and Dance

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MAHPERD Business

From the President...

Dear MAHPERD Members,

I am looking forward to serving as your president this year. If I can be of service to you or your programs, please contact me. I encourage you to be an active MAHPERD member. Remember, the more involved we are, the easier it will be to convince our administrators that Health Enhancement is a viable part of a child's education, not just an extra.

After about 20 hours of sleep this past weekend I am finally caught up on the rest I did not get during the final weeks before the conference. I want to thank you for your support of the "93" Conference in Great Falls. I hope all of you were able to take home some ideas and information applicable to your programs. The evaluations we received indicated that the conference was well received. The success was a result of a lot of hard work by the members of the conference committee.

I want to make you aware of several items discussed and passed by the executive board at the post conference board meeting.

Spencer Sartorius from OPI, in conjunction with the Health & Human Development Department at Montana State University is in the process of developing a "Montana Health Enhancement Model Curriculum." The executive board, speaking on behalf of the MAHPERD membership, is committed to this project philologically, financially, and because it will place Montana in the forefront in the area of Health Enhancement.

The second item is the appointment of Terry Grant of Box Elder as Executive Director of MAHPERD. As an organization we are very fortunate to have a person of Terry's capabilities serving in this capacity.

In closing, I challenge you to sponsor a jump rope for heart activity, get parents into your school to observe a Health Enhancement demonstration or participate in a fitness night.

Shirley Weaver
MAHPERD President

From your State PEPI Coordinator,

As you well know, educators put in a great deal of time trying to think of new ways to get our kids excited about healthy lifestyles and activities. We also put time into thinking of ways to bring our programs to the community in which we teach. Part of my position as PEPI Coordinator is to help disseminate information in these regards to fellow colleagues. If you have an event which you have put on for the public and feel it was successful, please share the specifics with me and I will in turn forward your activity to other members through future publications of *Montana Journal.* Please be specific as to classroom preparation, equipment, space and time utilized. Diagrams or photographs would be helpful in assisting others in understanding what you have accomplished. Your activity may not be a new one to you, but there are many individuals in our professions that may not be familiar with your activity and would be interested in reading about and trying it.

The same holds true for activities for the gym, field or classroom. Please take the time to share it with me and fellow readers. Be sure to include grade levels, equipment, music, diagrams and any other pertinent information which will assist us in trying these activitieswith our students.

Another aspect of the PEPI Coordinator is to identify and recognize highly dedicated individuals and groups that have given freely of their time and energy to the betterment of students, schools, communities and/or other professionals in the areas of Health, Physical Education, Recreation, Dance or Athletics. By completing the "PEPI NOMINATION" form on page 38 of this journal, you will allow our association the privilege of recognizing and honoring the individual or group for the efforts and time they have devoted to helping others. The nomination form may be submitted at any time during the year and would be an easy but effective way of letting someone know their efforts have not gone unnoticed.

If you did not manage to make it to the convention in October, a list of those receiving the PEPI Award, "STRIVING FOR EXCELLENCE," is published on the front of this journal.

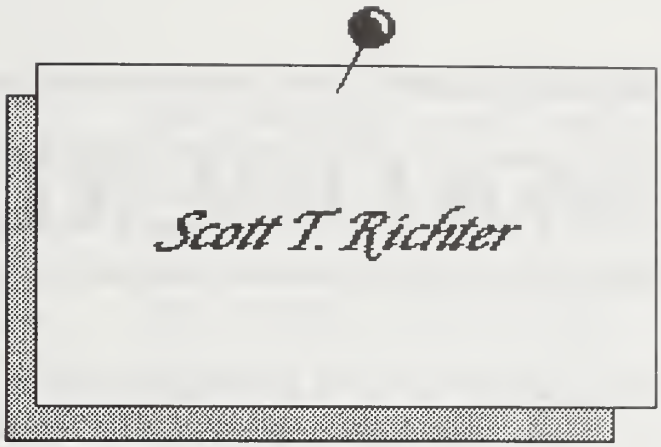
Until next time, Keep Smilin'!
Terry Grant
PEPI Coordinator

pepi
Physical Education Public Information

A Note

from the Treasurer of MAHPERD ...

If you have any questions, please contact Scott or any other member of the Executive Board. Phone numbers and addresses are on the front cover.



MAHPERD Board Approved Operating Budget for 1993-1994

EXPENDITURES	ALLOTMENT	
Board Meetings	900.00	—2-3 meetings per year, travel, supplies, etc
President	800.00	— Travel to AAHPERD, etc
President Elect	1,500.00	— Travel to AAHPERD, etc
Treasurer	150.00	— Administrative costs
Secretary	50.00	— Administrative costs
Jump Rope for Heart Coordinator	250.00	— Administrative costs
Vice Presidents		
Dance	200.00	— Conference speakers
Athletics	200.00	— Conference speakers
Recreation	200.00	— Conference speakers
Physical Education	400.00	— Conference speakers
Health	200.00	— Conference speakers
Student	600.00	— Includes travel to Conference
Leadership Conference	200.00	— Northwest AHPERD
Standing Committee	1,500.00	— Awards
Awards		
PEPI		
Applied Strategic Planning (ASP)	250.00	
Journal	2,000.00	
Convention Planning	500.00	
Contingency	3,000.00	— Special Projects, Keynote Speakers, etc
Total	$12,900.00	

Summary of MAHPERD Assets as of 1 November 1993

CEF Government Fund	$10,282.65	D.A. Davidson
Checking Account	$11,650.88	Before Conference expenses have been paid
Subtotal	$21,933.53	Liquid Assets
JRFH Interest Fund	$16,660.81	Interest from Legacy Account
JRFH Legacy Account	$40,800.00	CD Investment at D.A. Davidson
	$57,460.81	Frozen Assets

MAHPERD Articles

INTERMEDIATE SCHOOL PHYSICAL EDUCATION CURRICULUM: A NEED FOR POSITIVE INTRODUCTION OF LIFE-LONG PHYSICAL ACTIVITIES

Lewis A. Curry and K. Ann Sondag
The University of Montana

"Never Know When It Might Come In Useful"

Nasrudin sometimes took people for trips in his boat. One day a pedagogue hired him to ferry him across a very wide river. As soon as they were afloat, the scholar asked whether it was going to be rough.

"Don't ask me nothing about it," said Nasrudin.

"Have you never studied grammar?"

"No," said the Mulla.

"In that case, half your life has been wasted."

The Mulla said nothing.

Soon a terrible storm blew up. The Mulla's crazy cockleshell was filling with water. He leaned over toward his companion. "Have you ever learned to swim?"

"No," said the pedant.

"In that case, schoolmaster, all of your life is lost, for we are sinking"

(quoted in Ornstein, 1972, p. 65).

Our intermediate school curriculum decisions must be met with a realization equal to what the schoolmaster must have felt when he was forced to understand how limited his mission in life had been. Whether within the junior high or middle school paradigm, the mission of an intermediate school physical education program must introduce and encourage a life-long commitment to active participation in physical activities

Introduction to specific physical activities which may or may not become life-long begins as part of the intermediate school physical education program (Wiles & Bondi, 1976). Exposure to newly introduced "adult sport" activities in intermediate school physical education programs must be positive.

Learning to swim may have more importance in our lives than simply to keep us from drowning. Over 50% of the adult population is sedentary, and a sedentary lifestyle means a greatly increased risk of catastrophic illness and premature death. The research is overwhelming. Evidence

from over forty studies indicates that people who are physically inactive have roughly twice the rate of heart disease ad heart attacks as do more active people. Even moderate physical activity decreases risk of cancer, offsets metabolic and electrolyte imbalances, and can boost the body's immunity to infection. In one study, death rates declined by 20% when 500 calories per week were burned off through exercise — the equivalent of a 15-minute walk per day, two hours of bowling or one hour of squash per week (Ornstein & Stobel, 1989). Death rates in the same study dropped another 10-20% when two thousand calories per week were used in exercise — not strenuous or aerobic, just being active. When 12,000 middle-aged men used an average of 1,600 calories per week in leisure activities, they had nearly 40% fewer fatal heart attacks than those who burned less than 500 calories per week (Ornstein & Stobel, 1989).

Our nation's health problems do not result from failed intermediate school physical education programs, but these programs can be part of the solution. The following guidelines may help focus physical educators on activities encouraging lifelong student participation in more healthy physically active lifestyles.

1. *Developmentally Specific Physical Activities*. Physiological, social and psychological factors must influence activity assessment and adjustment (Lawther, 1980). Although full of energy, 10- to 14-year-old children have reduced muscular endurance, lung capacity and uneven motor skill coordination (Fox, Bowers & Fox, 1989). Emphasis needs to be on participation and cooperation, and to a lesser extent on competition and quantitative results (Nixon & Jewett, 1980).

2. *Exploration Activities*. Intermediate level students need opportunities to explore (Wiles & Bondi, 1986; Lawther, 1980). Introduction to a wide variety of games is best (Nixon & Jewett, 1980). Also, there has been success when the students are involved in the decision making process by adopting adult games into "new games" (Nixon & Jewett, 1980) or "natural games " (Lawther, 1980).

3. *Fun in a Positive and Socially Safe Environment*. Physical activity needs to be fun, whatever the age group (Lawther, 1980). Fitness gained at the expense of fun, in the long term, is detrimental to the well-being of the student because of the potential for further sedentary lifestyle choices (Ornstein & Stobel, 1989). A positive safe environment includes social safety for the student to explore interpersonal relationships without fear of recriminations (Nixon & Jewett, 1980).

4. *High Positive Correlation to Intramural and Youth Sports*. Design of physical education curricula should closely match what is being offered through voluntary participation in intramural programs (Carnegie Council, 1989). Ideally, the emphasis with intramurals should be on school wide game playing, yet there is evidence that some competition with other intermediate schools is appropriate. Over 30 million boys and girls are involved in community-sponsored youth sport programs, almost all are outside the intermediate school domain (Sage, 1990). Yet efforts should be made to understand each other's mission and, when possible, share the same goals, activities, and spirit of competition and cooperation.

The key is combining all the above elements into a comprehensive program introducing students to activities which can

be played for enjoyment throughout one's lifetime. Kids may not fully understand the need for physical activity, but they will be more physically active because they want to be – because participation is fun! Optimal fitness need not be the goal of an intermediate school program, any more than it needs to be for any adult program. They key to healthy living is to move beyond the sedentary lifestyle (Ornstein & Stobel, 1989). A strong intermediate physical education program committed to active participation in a variety of activities introduces the student to the benefits of physical play simply because participation is a positive, fun choice to make.

As in the opening parable, it is time for us schoolmasters to realize the importance of knowing how to "swim," and to teach it before whole lives are lost because students are making sedentary lifestyle choices instead of active participation choices in fun physical activities. The process needs to begin when these activities are introduced in a socially and physically safe environment through a fun intermediate school physical education curriculum.

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INTEGRATING EMERGING TECHNOLOGIES INTO FITNESS EDUCATION

David Lebow and Dewayne Johnson
Florida State University
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How do we create fitness education programs in school that produce lasting changes in students' behaviors and result in improved health during adult life? Many educators believe that students should acquire the knowledge, skills, and attitudes to make their own decisions about improving or maintaining levels of fitness. They argue that when students see themselves as in charge, as opposed to expecting others to direct them, motivation is enhanced and transfer from school to the outside world is more likely to take place. Consistent with this principle, educators have developed programs that attempt to prepare students for a healthy lifestyle by helping them achieve fitness independence. As these programs become more popular, educators are looking for ways to support desired outcomes through emerging cognitive technologies.

In this paper, we introduce an electronic learning environment entitled **Body & Mind** that enhances the fitness education curriculum by opening new possibilities for thought and action. First, we offer a brief summary of the principles and values that guided the design and a description of underlying theoretical assumptions. Next we describe the main features of the program, their relation to theory, and how we envision teachers and students using Body & Mind in Fitness Education. We concluded by summarizing our plans for research to determine how emerging cognitive technologies support the development and maintenance of fitness independence.

Theoretical Assumptions

Body & Mind represents an integration of traditional instructional design methods and constructive educational principles. Its design is consistent with five principles derived from constructivist philosophy and research in human cognition and motivation (Lebow, in press):

1. Establish a context where support for both autonomy and belongingness is provided by allowing for individual accomplishment and cooperative learning.
2. Maintain a buffer between the learner and the potentially damaging effects of instructional practices in use.
3. Embed the reason for learning something into the learning activity.
4. Support self-regulated learning by encouraging the learner to assume increasing responsibility for the developmental restructuring process.
5. Strengthen the learner's tendency to engage in internal learning processes, especially the strategic exploration of errors.

In general, these principles reflect assumptions about learners and the learning process that are compatible with educational approaches, such as cognitive apprenticeship (Collins, Brown & Newman, 1989), and Cognitive Flexibility Theory (Spiro, Feltovich, Jacobson & Coulson, 1991). These constructivist-inspired models hold that positive transfer, the flexible use of knowledge and skills (Butterfield & Nelson,

1989), is increased when the learning situation promotes application and manipulation of knowledge within the context of the ordinary practices of the target culture. The notions of authentic activity and situated cognition emphasize that the physical and cognitive activities practiced in the learning situation should replicate the physical and cognitive activities required in the application of that learning (Brown, Collins & Duguid, 1989). The resurgence of interest in constructivist philosophy and authentic use within the field of educational technology coincides with developments in hardware capabilities that open new possibilities for the design of electronic learning environments.

Body & Mind, as part simulation, part embedded instruction, and part electronic performance support tool, performs a variety of information-processing functions that enable students to pursue goals that are normally beyond their reach. This is accomplished through a partnership between technology and the user and represents what Pea (1988) refers to as "distributed intelligence." One of the desired effects of this partnership is to facilitate a change in the ability to self-regulate fitness behavior. To attain this outcome, Body & Mind provides a supportive context for practicing the behaviors, attitudes, and beliefs necessary to change or maintain fitness levels. This includes the abilities to set realistic short-term and flexible long-range goals, formulate an appropriate activity plan, perform required movements, and carry on self-assessment and self-monitoring activities. In sum, Body & Mind provides guided practice on many essential tasks required for establishing and maintaining fitness independence. In particular, cognitive activities involved in formulating exercise routines are dramatically influenced in ways that we discuss shortly.

Body & Mind in the Classroom

A diagram of Body & Mind is presented in Figure 1. In the context of using the program, Figure 1 is a navigation feature called the **Locator Map**. For our current purposes, Figure 1 serves as a reference tool for Identifying the main elements of the program and picturing how they are organized around five main ideas.

The first idea is based on a growing body of research that shows that computer-assisted cooperative learning overcomes many of the problems associated with computer-assisted individualistic learning (Johnson & Johnson, 1986). The boxes in the top row of the diagram represent the eight client tracks and one personal track that appear on the first screen of the program following the opening sequence. The tracks provide support for establishing conditions that promote cooperation among students.

The client tracks represent different case studies that serve as contexts for enhancing students' learning of key concepts and rules and for developing understanding of the program. Each client's file contains an initial exercise routine and a six-month version. The six-month routine has four to eight problems embedded within it. Using a variety of program features, students identify problems, make changes in clients' routines, and store their work for review by the teacher. Thus, the client tracks provide opportunities for students as members of cooperative-learning groups to practice skills necessary for designing personal programs on their own.

The personal track provides the individual with support for assessing his or her current level of fitness and devising an individualized exercise routine. The program maintains a record of performance on assessment tests and goal-setting activities over time as well as the student's current

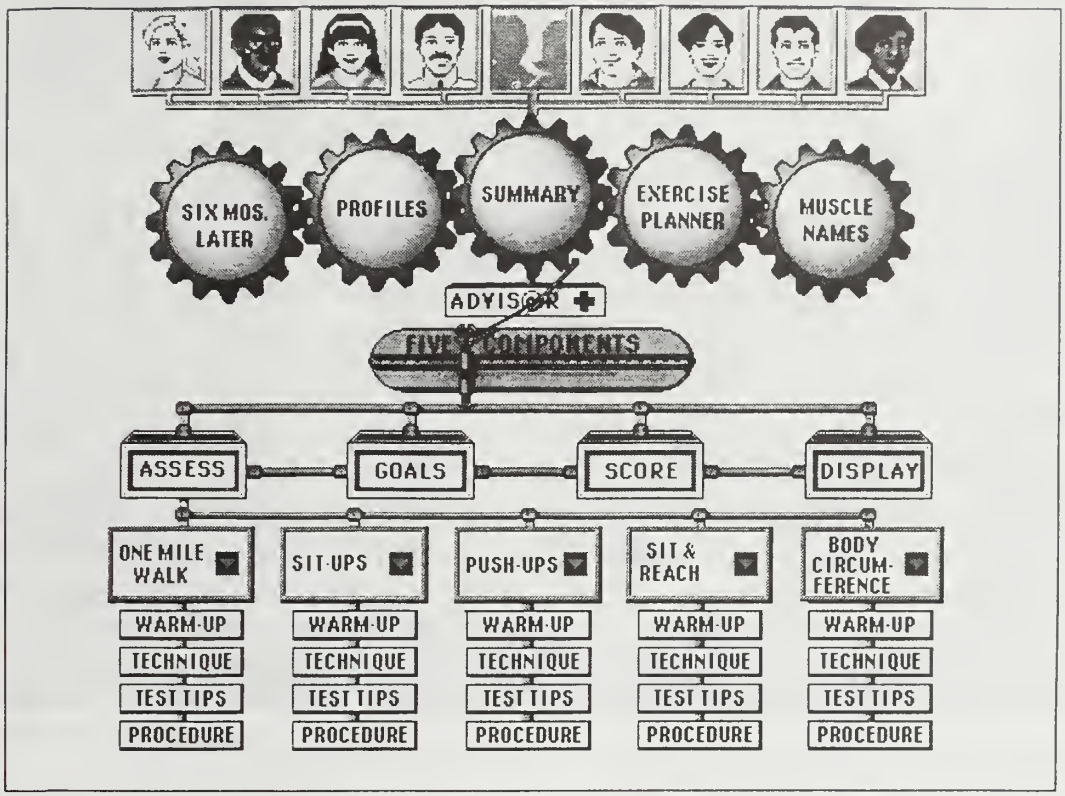

Fig 1. The Locator Map represents a picture of the major elements in Body & Mind.

exercise routine. At the teacher's or student's discretion, the program can print out the student's routine.

We envision teachers using the program in four modes: (1) the teacher presents segments to the whole class to arouse interest, introduce key concepts, model critical thinking and problem solving, and demonstrate program capabilities; (2) small groups of two to four students practice problem solving by analyzing and revising client routines; (3) pairs of students assist each other in assessing their current level of fitness and in constructing individualized routines; and, (4) the individual student uses the program to design an exercise routine that is appropriate for his or her current level of fitness.

As with any innovation, how teachers actually integrate such technology into the fitness education classroom remains an empirical question.

The second idea that shapes the structure of the program is that personal fitness requires a balance between five health-related components. These include cardiovascular fitness, muscle endurance, muscle strength, flexibility, and body composition. This basic concept is introduced early in the program in **Five Components** through a series of animation sequences.

The third idea, closely related to the concept of balanced fitness is that the starting point for a personal fitness program is one's current level of fitness in each of the

five component areas. **Assess** provides a menu of most commonly used tests in schools today for the purpose of assessing a student's fitness level. The teacher can select whichever tests are consistent with existing practices or choose from a variety of alternatives. Students learn about the potential risks of maximal performance testing and the importance of warming up and cooling down prior to engaging in such activities. They are presented with graphically rich materials on how to perform each test and with tips on how to reduce the risk of injury and improve their performance. Finally, they may print out a set of directions describing the procedures for the tests they select. With Body & Mind as a resource, students assume greater responsibility for managing their own assessments, and teachers have more time to focus on other areas of the curriculum.

The fourth idea is that appropriate goal setting activities and ongoing self-assessment practices help sustain motivation. This idea includes the notion that optimal conditions for appropriate goal setting practices are different from optimal conditions for maintaining effective persistence in the face of obstacles. In order to set realistic goals, students must see their test results in relation to both a health-fitness standard and a standard of excellence for their gender and age group. This is designed to prevent students from setting unrealistic goals, such as the undergraduate in a fitness class who expected to improve his performance from 20 push-ups to 150 in six weeks (Charles Williams, personal communication, April 15, 1993). Additionally, students are more likely to persist in striving towards those goals if their focus is on self-improvement rather than on performance in relation to outside parameters. As Dweck (1986) suggests, when students focus on performance goals rather than learning or improvement goals, they tend to process performance information in terms of assessing ability instead of as cues for increasing effort and trying out new strategies. Dweck argues that an unintended side-effect of many instructional practices is to provide support for this condition, which she characterizes as a maladaptive motivational pattern.

Body & Mind provides a structure for encouraging an adaptive motivational pattern, where students establish and pursue reasonable goals that are personally challenging and personally valued. Once students complete assessment tests, they input results through **Score**. Score maintains a record of past performance, for any length of time required, in each of the five component areas. **Goals** is where students see where they stand in relation to minimum standards and standards of excellence, set quantitative short-term goals, and write descriptive long-term goals. The program provides feedback on whether short-term goals are within the realm of reasonable expectations.

In **Display** as presented in Figure 2, the program provides a graphic representation of the user's progress toward achieving goals in each of the five health-related components. By showing students where they are now in relation to past performance and short term goals, the program shifts the focus from scores in relation to external standards to scores in relation to self-determined goals. This approach is consistent with promoting an adaptive motivational pattern of achievement that Dweck (1986) claims "is characterized by challenge seeking and high, effective persistence in the face of obstacles" (p. 1040).

Finally, the fifth idea is that promoting transfer of new knowledge and understanding, and satisfying the learner's desire for meaningful interaction is supported by practice on real tasks. This strategy of having students acquire and practice new knowledge and skills on authentic learning

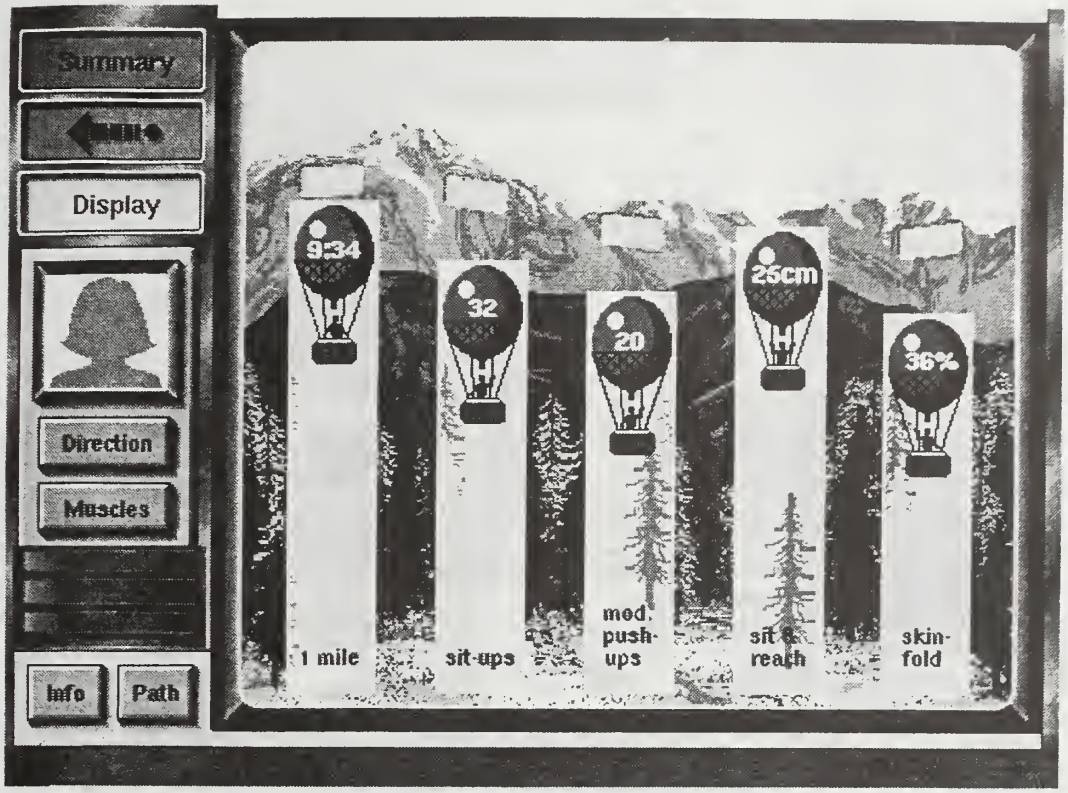

Fig 2. The Display screen shows progress toward achieving self-set goals that appear as numbers carved into the rock face.

activities requires a carefully designed instructional overlay or "scaffolding." The **Exercise Planner** addresses this requirement by providing a variety of features that help transform the thinking activities of students (and teachers).

Once the student understands the tools offered by the Exercise Planner, new paths for mental functioning open. Because the system can immediately display the consequences of adding or deleting exercises or changing overload variables on the optimality of a routine, the student is able to engage freely in "what-if" thinking. In time, such hypothesis testing, not possible without technological support, promotes new opportunities for learning that contributes significantly to achieving fitness independence.

It is beyond the scope of this paper to provide a full description of all Exercise Planner features; however, to help illustrate how this technology functions, a sample screen from the Exercise Planner is reproduced in Figure 3. In creating an exercise routine for either cardiovascular fitness, flexibility, or muscle endurance and strength, the system offers students a wide selection of exercises and animated instruction on how to perform them. It also shows the locations and names of the primary muscles involved in each exercise. The student selects an exercise, sets overload variables using a panel provided by the program (not visible in Figure 3), and then adds the exercise to a weekly schedule.

At any point in this process, the student can access a general picture of the optimality of the routine. At the bottom of this Exercise Planner screen is the list of muscle endurance and strengthening exercises

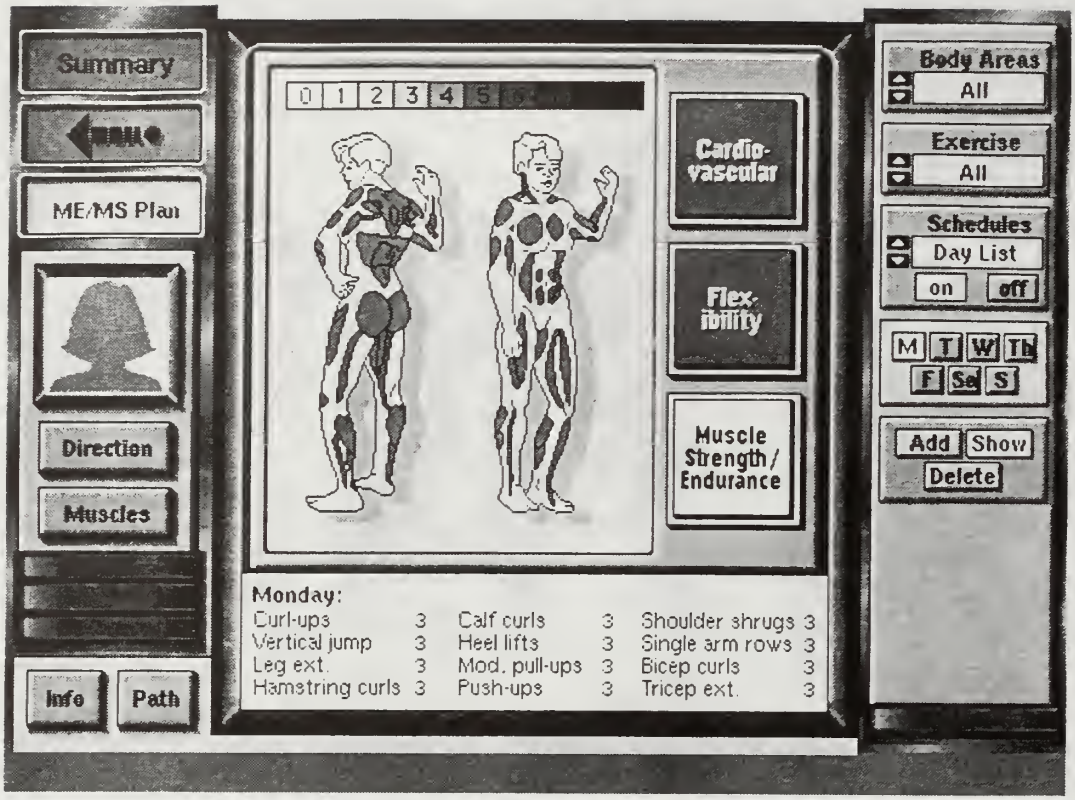

Fig 3. This screen from the Exercise planner illustrates one of the ways students use the program to help determine the optimality of their routines. (Note that in this example gray tones do not reflect how many times each muscle has primary involvement.)

selected by a student for Monday. In the display window, each of thirty-six primary muscles are highlighted according to the computer's analysis of how many times each muscle has primary involvement in a set. Matching the color of the muscle to the color gradient at the top of the screen provides the number of involvements, from zero to nine plus. On the basis of this information, the student determines which muscles are receiving too much or too little attention and then adds, deletes, or changes overload variables accordingly.

Another power feature of the system enables the student to check whether all the muscles contracted in the muscle endurance and strength routine or in the cardiovascular routine are also stretched in the flexibility routine. For example, if the student whose Monday routine is shown here has devised a warm-up and cool-down routine to complement her Monday muscle endurance and strengthening routine, the program shows the student a color-coded display of muscles contracted and stretched, contracted but not stretched, and stretched but not contracted. Again, on the basis of this information, the student makes purposeful adjustments to her routine.

Conclusion

As Pea (1985) writes, by closing "the temporal gaps between thought and action [and] between hypothesis and experiment" (p. 174), computer-based cognitive technologies help reorganize human problem-solving activities. On this basis, we suggest that Body & Mind vastly increases students' opportunities for meaningful interaction within the fitness domain and further helps shape and restructure students' thinking. On the other hand, it is difficult to predict how such cognitive technologies reorganize mental functioning. Indeed, as Pea contends, the skills and knowledge that develop in partnership with these new technologies will emerge as students use them.

Our current research objective is to study Body & Mind in the classroom in order to learn about the positive and negative effects. In particular, we are interested in observing how relationships between teacher an students are influenced by incorporation of such emerging cognitive technologies into the daily activities of the fitness education classroom. Also, we plan to study the long-term effects on students' level of involvement in regular physical activity and on their attitudes and beliefs about health-related fitness. By measuring changes over time in cardiovascular conditioning and other health-related components of fitness, we further hope to provide a biological concomitant reflecting the effectiveness of the instructional strategies in use.

Individuals who are interested in more information about technology discussed in this article may contact the authors at the following address.

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BLOOD CHOLESTEROL ASSESSMENT OF STUDENTS IN TENTH GRADE HEALTH ENHANCEMENT CLASSES

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Introduction

High blood cholesterol (hyperlipidemia) is a primary cause of coronary artery disease (atherosclerosis) which causes an average of 1.5 million heart attacks and 550,000 deaths each year in the United States alone. Atherosclerosis occurs when the inner walls of arteries become caked with excess cholesterol and plaque. If a blood clot lodges in a cholesterol-clogged artery leading to the heart of brain, a heart attack or stroke will result.

Although cholesterol is now a household word in our increasingly health-conscious society, 79% of American adults do not know what their blood cholesterol and lipid subfraction levels are or what they should be, much less their children's levels. Several studies have shown that the process of atherosclerosis begins early in childhood and that the levels of blood cholesterol in children are often predictive of elevated blood cholesterol later in life [National Cholesterol Education Program (NCEP), 1988]. Newman et al. (1986) have shown that fatty streaks are seen in the aorta as early as 3 years of age, and more fat deposits are seen in blacks than whites. During the second decade of life, the coronary arteries begin to accumulate as determined by numerous autopsy studies conducted during the Korean and Vietnam wars. Guidelines have recently been published for cholesterol screening in youth aged 2 to 19 years (NCEP, 1992), as have been several informative perspectives on cholesterol screening programs for children (Daniels, Morrison & Sprecher, 1991; Lannon & Earp, 1992). With health care shifting its focus to prevention instead of rehabilitation, cholesterol screening of school-age children will hopefully encourage lifestyle changes that promote healthier and longer lives.

Methods and Results

The purpose of this study was to assess 5 coronary risk blood parameters — total serum cholesterol, high density lipoprotein-cholesterol (HDL-C), low density lipoprotein-cholesterol (HDL-C), total serum cholesterol/HDL-C ratio, and triglycerides — in tenth grade students enrolled in health enhancement classes. Approval to begin collection was first obtained from The University of Montana Institutional Review Board for Research with Human Subjects. Ninety-seven students (45 males and 52 females) in tenth grade health enhancement classes at Big Sky High School in Missoula, Montana, volunteered as subjects. Before participation, each student obtained written permission from their parent or guardian. Following a 14-hour fast, 7 milliliters of blood was withdrawn by experienced medical laboratory phlebotomists from an antecubital vein (Pendergraph, 1988) following phlebotomy guidelines established by the National Certification Agency for Medical Laboratory Personnel. Blood samples were immediately flown to Denver, Colorado, on dry ice to be analyzed by METPATH (a top-rated blood bank in the United States). A

	Age (yr)	Total Choles (mg/dL)	HDL-C (mg/dL)	LDL-C (mg/dL)	Ratio (TOT/HDL-C)	Trig (mg/dL)
Male Mean	15.489	162.489	44.933	103.220	3.705	86.022
Male Standard Deviation	0.543	31.122	7.931	27.465	0.879	38.456
Male Max Value		265	64	193.7	5.97	204
Male Min Value		109	30	59	2.58	36
Female Mean	15.365	169.192	51.962	102.869	3.337	86.173
Female Standard Deviation	0.520	28.251	8.566	26.024	0.771	37.978
Female Max Value		229	74	158.8	6.03	193
Female Min Value		101	35	34.8	1.63	25
Overall Mean	15.423	166.082	48.701	103.032	3.508	86.103
Overall Standard Deviation	0.534	29.806	8.989	26.703	0.843	38.201

Table 1. Blood Chemistry Parameters in Tenth Grade Students

computer printout of each child's results was faxed back to Missoula the following day. The Big Sky High School school lunch program provided orange juice and wholesome snacks to the children immediately after the draw. Individual results and a professional presentation by a registered dietitian from Western Montana Clinic in Missoula explaining each blood parameter was given to the students in their health enhancement class 3 days later. Parents and other siblings were also encouraged to participate in the screening to create awareness of blood cholesterol levels and also generate interest in the school's health enhancement program. Raw data of the tenth grade students was then reduced to descriptive terms according to gender using a QUATTRO-PRO (Ver4.0) data management spreadsheet program (Table 1).

Explanation of Results

Total Serum Cholesterol

Cholesterol is a life-sustaining substance found in all body cells that belong to a large classification of chemicals called lipids. Cholesterol circulating in the bloodstream comes from two sources: production within the body by the metabolic pathways in the liver and the consumption of foods containing pure cholesterol or saturated fats. Total cholesterol levels are most effectively reduced by decreasing the consumption of cholesterol-rich foods and saturated fats.

What is a good total serum cholesterol level? Do not confuse average with good. The average range for total serum cholesterol in American adults is 210-215 md/dL (National Center for Health Statistics, 1987) with hyperlipidemia being defined by the American Heart Association as an excess of 200 mh/dL. Twenty-five percent of the population have cholesterol levels above 240 mg/dL with this group experiencing about 60% of all heart disease deaths.

The chance of developing coronary artery disease doubles with every 50 mg/dL increase in cholesterol above 200 mg/dL. The mean cholesterol level of men over age 35 fall well into the borderline high risk category while more than a third of American men between 55 and 64 are at high risk of having a heart attack. The National Cholesterol Education Program (1992) considers a total cholesterol level below 170 mg/dL to be optimal for children aged 2 to 19 years.

Total Serum Cholesterol	Comments
Below 170 mg/dL	Acceptable
170-199 mg/dL	Borderline high cholesterol
Greater than 200 mg/dL	High cholesterol level

The National Heart, Lung and Blood Institute recommends the following serum cholesterol guidelines for adults 20 years and older:

Total Serum Cholesterol	Comments
Below 200 mg/dL	Normal cholesterol level: continue to monitor daily intake of saturated fat and cholesterol; recheck every 5 years
200-239 mg/dL and less than 2 risk factors*	Borderline high cholesterol: modify diet and recheck every 3 months
200-239 mg/dL and 2 or more risk factors*	High cholesterol level: see your physician
240 mg/dL and above	High cholesterol level: see your physician

*Risk factors include male gender, high blood pressure, family history of heart disease or stroke at less than 55 years old, low HDL cholesterol, obesity, cigarette smoking and diabetes.

The mean total cholesterol value of students screened in this study (166.08± 29.81 mg/dL) was within the guidelines recommended by the NCEP. Twenty-six of the 97 students (26.8%) tested had a total cholesterol etween 170-199 mg/dL (borderline high). Fourteen students (14.4%) had a total cholesterol greater than 200 mg/dL (high). The highest value was 265 mg/dL and the lowest value was 101 mg/dL. The female mean value was slightly higher (169.19 ± 28.25 mg/dL) than the male mean value (162.49 ± 31.12 mg/dL).

High Density Lipoprotein-Cholesterol

Researchers have identified "good" and "bad" types of cholesterol. The cholesterol you eat in foods cannot be classified as "good" or "bad" but these terms refer to the direction cholesterol is being carried in the blood. Like oil and water, pure cholesterol and blood do not mix so cholesterol has to hitch a ride on a protein particle for transport through the bloodstream. These carriers are called lipoproteins of which there are 2 kinds: high density lipoprotein-cholesterol (HDL-C) and low density lipoprotein-cholesterol (LDL-C).

High levels of "good" cholesterol (HDL-C) are associated with a high level of aerobic fitness and help prevent cardiovascular disease. HDL-C prevents cholesterol from being deposited on the arterial walls by transporting excess cholesterol to the liver for breakdown and excretion for the body. although many questions still exist regarding HDL-C, it appears as though high protective levels of HDL-C are a consequence of high levels of physical activity and not smoking but are affected very little by diet. Aerobic or endurance physical activities have been shown to increase HDL-C levels more than anaerobic activities such as sprint conditioning or weight training. Although trained distance runners show about a 20% to 35% higher level of HDL-C (12 mg/dL - 20 mg/dL), you do not have to exercise at the "marathon" level to increase HDL-C. People who exercise regularly on their lunch hour or during their spare time tend to have a 10% (about 5 mg/dL) higher level of HDL-C. The average HDL-C level in American men is about 45 mg/dL while the average for women is about 55 mg/dL. The higher levels in women may be one of the reasons premenopausal women are at lower risk of heart disease than men.

High Density Lipoprotein-Cholesterol	Comments
Below 35 mg/dL	Low
35 mg/dL and above	Normal: the higher the HDL-C level the better

A mean HDL-C value of 48.70 ± 8.99 mg/dL was observed in the 97 students tested for this study with a high value of 74 mg/dL and a low value of 30 mg/dL. Only 2 students (2.1%) had an HDL-C level below 35 mg/dL. Females had higher HDL-C

values (51.96 ± 8.57 mg/dL) than males (44.93 ± 7.93 mg/dL).

Low Density Lipoprotein-Cholesterol

Low density lipoprotein-cholesterol (LDL-C) or "bad" cholesterol transports cholesterol and triglycerides from the liver and intestines to the peripheral tissues where they may be deposited in arterial walls. High levels of LDL-C indicate an increased risk of developing heart disease which may be a consequence of a diet high in cholesterol-rich foods and saturated fat. Dr. Michael Brown and Dr. Joseph Goldstein from the University of Texas Medical School were awarded the 1985 Nobel Prize for showing a link between LDL receptors and coronary artery disease (Brown & Goldstein, 1984). They discovered tiny complex LDL receptors on many cell membranes which control the entry of cholesterol from LDL-C into the body's tissues. Persons who are born with a certain genetic disorder cannot produce the required number of LDL receptors and thus cholesterol cannot enter cells and be metabolized at a normal rate. Cholesterol then accumulates in the bloodstream where it combines with other cellular debris, adheres to cellular walls, forms plaque, and blocks blood flow. Persons who inherit two copies of the mutant LDL receptor gene are subject to heart attacks in early childhood and rarely survive beyond age 20.

Consuming a diet low in cholesterol and saturated fats and high in complex carbohydrates and fiber can help reduce LDL-C levels. Exercise has some effect on LDL-C as endurance trained athletes show a lower LDL-C level than sedentary individuals. The NCEP guidelines for children suggest the following:

Low Density Lipoprotein-Cholesterol	Comments
Below 110 mg/dL	Optimal
110-129 mg/dL	Borderline high LDL-C level
130 mg/dL or above	High LDL-C level: mandates a modification program

A mean LDL-C value of 103.03 ± 26.70 mg/dL was reported for the 97 students tested in this study. The highest value was 193.7 mg/dL and the lowest value was 34.8 mg/dL. Twenty-two students (22.7%) had LDL-C levels between 110-129 mg/dL (borderline high) while 15 students (15.5%) had LDL-C levels above 130 mg/dL (high). Males (103.22 ± 27.47 mg/dL) and females (102.87 ± 26.02 mg/dL) had comparable LDL-C values.

Total Cholesterol/HDL-Cholesterol Ratio

The best indicator of atherosclerosis may be the ratio of total serum cholesterol to HDL-C says Dr. William Castelli, medical director of the Framingham Heart Study. The Framingham, Massachusetts Heart Study followed several thousand people for almost 40 years and correlated their cholesterol subfractions with heart disease events (Castelli, 1986). A low "ratio" is desirable as it indicates a low total cholesterol level and/or a high HDL-C level. The average "ratio" of American men is about 5.0 while the recommended "ratio" is 3.5 or less. *Example*, A total cholesterol level of 190 mg/dL divided by an HDL-C level of 50 mg/dL will give you a ratio of 3.8, indicating below average risk of coronary disease.

Total Cholesterol/ HDL-C Ratio	Comments
>14.0	Highest risk
7.0-14.0	High risk
4.5-7.0	Average risk
3.5-4.5	Below average risk
<3.5	Lowest risk

A meant Total/HDL-C ratio of 3.51 ± 0.84 was seen in this study with the highest ratio being 5.97 and the lowest ratio being 1.63. Fifty-six students (57.7%) fell into the lowest risk category, 30 students (30.9%) fell into the below average risk category, adn 11 students (11.3%) fell into the average risk category. Females had lower ratios (3.34 ± 0.77) than males (3.71 ± 0.88) due primarily to their higher HDL-C levels.

Triglycerides

Triglycerides (neutral fats) are the most plentiful fat in the body and the major storage form of body fat. Triglycerides are stored as fat in adipose tissue cells which are located throughout the body but primarily in the abdominal, hip and thigh regions. When elevated blood triglycerides are combined with a low HDL-C level, the risk of heart disease greatly increases, especially in women. Saturated fats such as luncheon meats and poultry skin are food sources high in triglycerides.

Aerobic exercise, weight reduction, and dietary modification are effective ways to lower triglyceride levels. Reducing intake of alcohol and simple sugars may help reduce triglycerides because these stimulate triclyceride production in the liver.

Triglyceride Level	Comments
10-150 mg/dL	Normal
150 mg/dL and above	High

A mean triglyceride value of 86.10 ± 38.20 mg/dL was seen for the students tested in this study with the highest value being 204 mg/dL and the lowest value being 25 mg/dL. Eight students (8.2%) had a triglyceride level above 150 mg/dL (high). Males (86.02 ± 38.46 mg/dL) and females (86.17 ± 37.98 mg/dL) had comparable triglyceride values.

Summary

If a blood test indicates blood cholesterol levels are not within the normal range, the first step to improving them is to change your diet. An overall guideline to improve cholesterol levels is to decrease the consumption of cholesterol-rich foods and saturated fats (red meat, fried foods, and egg yolks) and increase the consumption of complex carbohydrates and fiber (fruits, grains, vegetables, rice, and pasta). Replacing saturated fats with mono- or polyunsaturated fats in your diet will also help lower total cholesterol and LDL-C levels because saturated fats stimulate lipoprotein production by the liver. The current American diet contains approximately 40% total fat, 15% to 20% of which is saturated fat, and a cholesterol intake of 350 to 450 mg/day. The American Heart Association recommends that total fat intake be less than 30% of total calories, 10% or less of which should be saturated fat, and cholesterol intake should not exceed 100 mgs/1000 calories or 300 mg/day. Meeting these guidelines would require a 30% to 50% reduction in cholesterol and saturated fat in the average American diet. The following list of dietary modification guidelines have proven to be successful in lowering cholesterol intake:

1. *Avoid frying food.* Boil, bake, broil, roast, grill, microwave or steam food, but do not fry. If you saute foods, use small amounts of oil or chicken broth.

2. *Replace saturated fat (butter, cream and lard) with monounsaturated and polyunsaturated vegetable oils.* Fats are classified as saturated, monounsaturated or polyunsaturated based on their chemical structure and the amount of double-bonded hydrogen atoms they contain. When refrigerated, saturated fats are solid (butter,

shortening), monounsaturated fats thicken (peanut oil, olive oil), and polyunsaturated fats remain liquid (margarine, corn oil). Saturated fats appear to "rev up" the cholesterol-making machinery in your liver while monounstaturated and polyunsaturated fats reduce total cholesterol and LDL-C while maintaining the HDL-C fraction.

3. *Replace animal products with plant foods.* Cholesterol is only found in animal foods such as steak, egg yolks and organ meets like liver and shellfish. Plant foods such as vegetables, fruits, and grains contain no cholesterol and provide important nutrients such as protein, fiber, vitamins, and minerals.

4. *Substitute fish and chicken for red meat.* Remove skins and fat under the skin before cooking. Some fish oils contain Omega 3 fatty acids which may reduce risk of coronary artery disease.

5. *Choose lean cuts of red meat.* When you do eat red meat, select meats that are at least 80% fat free and trim all the fat off before cooking. More expensive cuts of meat such as prime rib contain a higher percentage of fat.

6. *Limit consumption of eggs.* Egg whites are harmless and nutritious but one egg yolk contains about 213 milligrams of cholesterol (almost the daily dietary limit). Egg substitutes are acceptable but are high in sodium. One egg contains 50 mg sodium while a comparable amount of egg beater contains 120 mg sodium.

7. *Substitute skim and low-fat milk products for whole milk foods.*

8. *Reduce consumption of cheese.* Mozzarella, ricotta, and low-fat cottage cheese are preferable to other cheese. Only buy cheese with 5 grams of fat or less per ounce, and moderate the amount eaten. If you must eat cream cheese, be sure its light or fat-free.

Other lifestyle modification suggestions which may influence your blood cholesterol levels and fractions include:

1. *Exercise regularly.* Regular aerobic exercise increases the level of HDL-C and reduces the levels of LDL-C and triglycerides. An interesting study compared the cardiovascular disease of London bus drivers and their more active bus conductors. Although both drivers and conductors consumed approximately the same diet, the sedentary bus drivers had 1.5 times the number of deaths due to atherosclerosis than the conductors who worked on their feet all day. An elevated HDL-C level due to the aerobic exercise is the probable cause of this difference.

2. *Decrease your percentage of bodyfat.* Simply being overfat, even though your diet and exercise level is adequate may cause an elevation in blood cholesterol. An increase in fat weight of 2.2 pounds is associated with a rise in blood cholesterol of about 2 mg/dL.

3. *Stop smoking.* Young males who smoke tobacco tend to have higher total cholesterol levels (up to 28 mg/dL higher than nonsmokers). HDL-C levels are slightly reduce (3-5 mg/dL) in smokers as compared to nonsmokers but HL-C levels have been shown to rise once they quit the habit.

4. *Reduce stress level.* Emotional arousal from job or personal stressors may temporarily raise total cholesterol levels from 8% to 65% over normal in addition to raising blood pressure (another heart disease risk factor). Individuals with Type A and Type T (thrill seeker) personalities are more prone to heart attacks than persons with Type B personalities.

5. *Drug Therapy.* Drug therapy is being used on some patients when dieting and other methods do not reduce their cholesterol level sufficiently. The long-term safety of cholesterol lowering drugs has not

been established so chemical treatment of high cholesterol must be carefully monitored by a physician.

6. *Keep regular records of blood cholesterol levels.* Persons who keep regular records of their cholesterol levels, know the desirable limits for each parameter, follow recommended guidelines for cholesterol reduction, and set short- and long-term goals for themselves decrease their risk of heart disease. Give yourself a reward for maintaining desirable cholesterol levels.

In conclusion, coronary artery disease will remain the number one cause of death in the United States for the next decade and a high blood cholesterol level will remain a primary risk factor. Each year, approximately 1.25 million Americans suffer a heart attack, about 300,000 coronary bypass surgeries are performed, with estimates of the total annual cost of atherosclerosis ranging from $41.5 to $56 billion.

This study concludes that the mean cholesterol and lipid subfraction values for students in tenth grade health enhancement classes at BigSky High School in Missoula, Montana are within the normal ranges but several students had values outside the NCEP's acceptable range(s). Repeated blood chemistry screening will allow tracking of cholesterol in scholastic school children and assist in early diet and lifestyle intervention hopefully to alleviate the development of heart disease later in life. Early intervention (via school lunch programs, health enhancement class instruction, etc.) is necessary because studies have repeatedly shown that American children and adolescents have clearly higher intakes of saturated fat and cholesterol as compared to nearly all other countries (NCEP, 1992). It shouldn't be any surprise that U.S. adults have higher than necessary rates of morbidity and mortality as a consequence of coronary artery disease. Common sense dictates that if heart disease is going to be reduced, intervention must start with the children.

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RELATIONSHIP ENHANCEMENT: AN INTEGRAL PART OF THE HEALTH ENHANCEMENT CURRICULUM

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Health Enhancement

The Health and Physical Education Committee of Project Excellence, which created the curricular guidelines for Health Enhancement, envisioned physical education as the "lab" portion of a wellness program for students. In their words, through the Health Enhancement curriculum students would not only learn principles of social, emotional, physical and intellectual well-being, but they would be able to practice them. This creative and somewhat unique approach is easier to apply to some learner outcomes than to others. for example, the "lab" is a perfect place to demonstrate competence in a variety of perceptual, motor, and rhythm skills, including throwing, catching, kicking, striking, balancing, and creative movement. When, however, learner outcomes focus on social and emotional topics the "lab" portion of the lesson becomes less clear. One place where this is especially evident is in the health enhancement learner outcomes that focus on the development of interpersonal relationships.

Is it possible for the classroom to become a "lab" where we teach the skills of interpersonal relating? This paper will attempt to offer at least one answer to that questions by providing a framework within which students can learn to make positive, healthy behavioral choices in their relationships.

Interpersonal Relationships and Their Influence on Health

Paterson (1976) related the account of a teacher's efforts to change the "personality" of an elementary class fro one that was negative and disruptive into one that was caring and supportive. The most impressive thing about this transition was that it did not require threats, punishment, or the use of behavior modification techniques. It simply required changing the children's focus concerning one another from "bad" to "good." The emphasis was to "catch somebody doing something good" rather than to tattle on someone or always to look for the "bad" in one another. The children began to look for the good in each other and also learned how to express the good that they had found. Within a short time they were happier, more willing to help each other, and more productive in the classroom. Surely, that kind of change in the quality of human interaction also must be associated with an improvement in mental/emotional health. As humans we are body, mind, heart (meaning the seat of our emotions), and spirit. Our wholeness and potential depend upon our ability to develop in all of these interrelated dimensions, but at times, we tend to forget about their connectedness. This story is a reminder that the quality of our relationships is often connected to our mental/emotional health.

Relationship Qualities

Numerous authors have described the interactional features which enhance the quality of relationships. Russell (1981) introduced the concept of human/spiritual interaction as a dimension of his Wellspring Model of Positive, Holistic Health. This dimension involves intangible qualities such as love, honor, integrity, responsibility, sacrifice, trust, honesty, and selflessness, which serve to unify and give meaning, purpose, and quality to relationships with self and others. Several of the characteristics of mental wellness (Duncan, 1986) are also related to positive interaction. These include the ability to give and receive love, the ability to trust and to be open and honest, the acceptance of others as they are without being judgmental, the acceptance of and love for self, and a positive attitude toward and enjoyment of life. Based on these profiles, it appears that there are predictable types of qualities which affect the overall quality and stability of relationships.

How Can We Put It All Together?

Unfortunately, changing behavior within relationships is often difficult because of possible negative consequences and fear — fear of rejection, fear of loss, and fear of failure. We may have little experience,e direction or competency in this area other than trial and error. Returning to the story about the elementary class, evidently something happened to improve the quality of relationships between the members of the class. The result of that process was a better overall attitude and focus in their interactions. But how can we facilitate this kind of learning and growth among our students? The following is a discussion of a suggested experiential method which incorporates decision making skills (Janis & Mann, 1979), critical thinking skills (Norris, 1985), and efficacy enhancement strategies (Bandura, 1977, 1982) in a framework designed to guide students in their assessment and enhancement of the quality of their personal relationships.

Stage One: Identifying Attributes of the Relationship

In the initial stage, the focus is on choosing a suitable relationship to be assessed and gathering information which can be used to signify both its positive and negative qualities. Positive qualities may include trust, integrity, responsibility, honesty, acceptance of others as they are,non-judgmental and noncritical response, the expression of love on different levels, sincerity, intimacy, empathy, compassion, etc. Negative qualities may be expressed as the lack of these, or as the expression of some other destructive force. After these qualities have been identified, the student should attempt to identify feelings and behaviors that are associated with the expression of these qualities (positive and negative) within the relationship. A primary emphasis should be placed on gathering realistic information. It is suggested that students begin learning this process by evaluating a safe, stable relationship. As skill is developed and as perceived efficacy increases through practice, thy can progress to other, more threatening or unstable relationships.

Stage Two: Assessing the Need for Change

The focus in the second stage is on prioritizing desired types or levels of change, and on accurately assessing personal capability to initiate that change. In other words, first students must decide what kind of behavioral changes would enhance the quality of their relationships, and secondly, they must decide whether or not they are capable of carrying out those behaviors. For instance, choosing to try to communicate more openly and honestly with someone

who does not want to cooperate dictates failure if success is measured by the total interaction. If, however, that individual recognizes that s/he is not in complete control of the outcome of the interaction and simply identifies success as improvement in their personal ability to communicate, then that choice may be a good one.

Stage Three: Developing Alternative Strategies for Change

During this stage, the focus is on identifying different strategies which may be used to achieve the desired change. There may be several feasible strategies that could be used to bring about positive change in a relationship, and each of these strategies may involve varying degrees of difficulty. Students should be encouraged to begin with easier changes and progress to the more difficult ones, as their perceived capability of responding in the desired fashion increases. Possible consequences of the change in behavior must also be considered, since what may be perceived by one individual within the relationship as positive may be considered undesirable by the other.

Stage Four: Initiation and Practice of New Behavior

This stage involves the actual initiation and practice of behavioral strategies which have been chosen. The classroom offers a good environment for initial practice, since students should have a supportive understanding of the difficulties that each are experiencing as they test the waters of new, unfamiliar levels of interaction. Again, hopefully the confidence developed in this situation can be generalized to other, more threatening situations and people. Students should be encouraged to record the types of new behaviors that they try, the kind of responses that result, how they felt during the experience, and any changes they feel in personal ability to practice new behaviors in more difficult situations or in more risky relationships.

Stage Five: Evaluation

The final stage focuses on review of the process. Have each of the stages been a part of the process? Were some strategies more effective than others? Were there unexpected barriers to change? Were there expected or unexpected benefits to positive change? Actually, evaluation should be an ongoing part of each stage and of the process in general. Were personal expectations being met — if not were those expectations realistic? Re-emphasize that change within relationships requires time and practice. It is critical throughout this process to reinforce that progress in making positive changes is the desired goal. The goal is not to be 100% successful in initiating new relating patterns in all situations. Focus on the process not the product!

Conclusions

It is clear that this process requires effort. Perhaps a valid message to give students is that RELATIONSHIPS OF QUALITY DON'T JUST HAPPEN, YOU HAVE TO WORK AT THEM! Perhaps this may be one of the most valuable messages that health enhancement teachers can give students. But, the message is of no value at all if they do not have the skills or insight to assess relationship quality and implement healthy changes which will improve that quality. Hopefully, this method can help facilitate that process so that assessment and positive adaptation within relationships become a natural and continuous part of daily function, not simply a crisis response.

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Handicapped, Programs-3430
Journal of Health Education (703) 860-4131 or (703) 476-3485
International Council on Health, Physical Education, & Recreation -3486
Journal of Physical Education, Recreation and Dance -3477
Jump Rope for Heart -3488, -3489
Membership (new, renewal) -3424
National Association for Girls and Women in Sport-3450
National Association for Sport and Physical Education -3410
National Dance Association -3436, -3421
Permission to Reprint from Publications (Books) -3480
PHYSICAL BEST™ -3455
Placement -3424
Publications (Books) -3480
Research Quarterly for Exercise and Sport (713) 749-3481
Sales — Publications Orders -3481, -3491 or (800) 321-0789
Special Events — Jump Rope for Heart -3488, -3489
Strategies -3479
Student Services -3430
Subscriptions (library, institutions) -3493
Update -3484

COMPUTING STUDENT SUCCESS MEANS THEY ALL WIN

Janet Erickson and Gigi Moy

Too often society places more emphasis on outcomes rather than on personal achievement. The first question one often hears after a sporting event is, "Did you win?" The emphasis need not be placed on winning, but on good performance and self-improvement. Attributes such as sportsmanship, dedication, and enthusiasm should be recognized and rewarded.

A pilot program was initiated in Helena, Montana, School District #1 in 1993 to establish a reward system for all students that participate in the track & field programs at the two middle schools. The goal was to provide a mechanism to allow a student to recognize his/her potential and to instill true confidence through hard work and improvement. Student were shown that a lack of experience or a lower achievement level is not important. Moreover, when students can see how their performance changed from one track meet to the next, it would encourage them to look at their own performance as the standard rather than using others. It was hoped that this would provide the incentive to excel in other areas.

A Macintosh Classic computer and two software programs (Microsoft Works 2.0 and Award Maker Plus Sports by Baudville) were used to design our program. Microsoft Works was used to design a spreadsheet for comparing the changes in times or measured distance for every event that each student participated in throughout the track & field season. On the spreadsheet, distances or times on the abyssal were plotted against each consecutive track meet on the ordnance. Also, each student's name, grade level, sex (male or female), and the three meets were identified (Fig. 1).

Student managers were instructed on how to access the spreadsheet software, enter the data, and save the information.

Again using Microsoft Works 2.0, bar graphs were printed showing how each student's performance changed between track meets (Fig. 2). This data corresponds to the information on the spreadsheet. The Microsoft bar graph allowed up to four entries or four track meets. Since there are only three track meets at the middle school during the spring, one bar graph was more

FIG. 1

NAME	GRADE	SEX	1ST MEET	2ND MEET	3RD MEET
50 M					
100 M					
200 M					
400 M					
800 M					
1600 M					
100 M. HURDLES			21.1	20.8	19.2
HIGH JUMP			4.2	4.3	4.5
LONG JUMP			12.11	13.1	14.4
SHOT					
DISCUS					
SOFTBALL THROW					

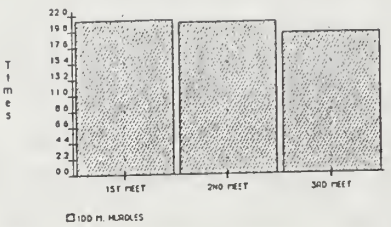


Fig. 2-A

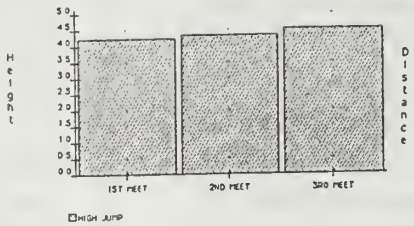


Fig. 2-B

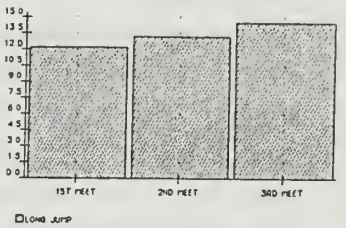


Fig. 2-C

than adequate to record and print all results.

Prior to this year, the middle school track & field programs did not have certificates or awards for participating unless students placed in the top three in an event. To correct this, certificates are now presented to all students that participated in a completed the season. The certificates were designed with Award Maker Plus Sports software.

Each student was given their results, both plotted on a bar graph and with a corresponding computer printout (see Figures 1 and 2). This approach allows each student to compare their own results for one track meet to the next and from one track season to the next track season. It was observed that his approach stimulates many students to view the computerized spreadsheet as a challenge to improve their times or distances.

Historically, those students who completed the track season and did not excel, but showed progressive improvement, did not receive recognition. Providing a computer printout to each student's provides that recognition and appears to have motivated them to feel good about their own performance level. some students felt that they had improved their performance beyond their physical limits.

This method will be implemented in future years, and incorporated into other sports and extra-curricular activities in Helena School District #1. Integrating the use of computers in sports and physical education programs is one way to enhance student acceptance of the program.

This method can be used in teaching physical education and competitive sports where it is important to keep individual statistics. Parents can see how their children have progressed in all areas of growth. Results can be kept throughout all four high school years, tallying grades, fitness programs, and personal progress reports. Lifelong enthusiasm of sports and fitness can be achieved if students see self-improvement.

NEWS/DATES/ANNOUNCEMENTS

Jump Rope for Heart

As this school year begins, Jump Rope for Heart enters its 15th year. Plans are being developed for a celebration of this monumental accomplishment both at the national and the state levels. There will be a Gala celebration to be conducted at the AAHPERD Convention in Denver, which will include a 15-hour jump-a-thon. Each state will be asked to bring a contingent of adult jumpers, who will jump for a 15-minute period. This will be a tag team affair, with no jumper required to jump for the whole 15 minutes. President elects drew for a time slot for their state at LDC '93. These times may have to move up one to two hours, depending on the convention schedule. However, the order as they were drawn will remain the same. State JRFH coordinators and president elects will be notified of any schedule changes. Hopefully, this early notice will give states a chance to organize, decide how they can make their team stand-out, and create the excitement we are hoping to achieve.

In addition to the national celebration, each state has been asked to do something of the same within the state. Copies of the video, REACHING NEW PEAKS, has been sent to all JRFH state coordinators, and will be available to be shown during the state conventions. This video is a non-dated video, that shows the cooperation that has developed between AAHPERD and the American Heart Association. The celebration will help to highlight this already prominent program. We hope each state will assist us in this effort.

The JRFH National Joint Task Force met just prior to LDC'93 in June. The primary topics of discussion were focused around the recognition of AAHPERD members as true volunteers of the AHA. Strategies were developed to include AAHPERD more in the recruiting aspect of JRFH. There is a need to adapt JRFH to the inner cities and to the secondary school populations. With AAHPERD taking the lead, several pilot programs will be planned to work with inner city children to promote the educational aspects of JRFH. Another pilot program will investigate some different kinds of physical activities that can be used at the secondary level, that will also educate children about heart health. Anyone interested in being a part of either pilot should contact the JRFH office at 703-476-3489 or 703-476-3455.

As we move into the next 15 years of JRFH, the key to the success of the program will be for AAHPERD to emphasize the educational aspects of the program. Curriculum guides which do just that are available from any AHA state affiliate.

Physical Best

The Physical Best program is looking at some new changes for the forthcoming year. As promised, two new supplements to the educational kit are being developed. These supplements will adapt physical fitness to the special populations and teach nutrition in relation to fitness. Hopefully, these two publications will be out after the first of the year.

A Physical Best Steering Committee has been formed and will be a special committee of the Executive Committee. It will function much as does the JRFH steering committee. Members' primary function will be to act as liaisons to the districts, and to review and make recommendations for improvements and additions to the existing Physical Best program. The steering committee will be made up of six representatives, one from each of the districts. They will liaison between the national office and the state Physical Best coordinators. It is felt a better line of communication to and from the field will be established with the steering committee.

Individuals who have been asked to serve on the initial committee are Ron Feingold, Chair (Eastern), Ellen Abbadessa (Southwest), Elaine Budde (Southern), Aleita Hass-Holcomb (Northwest), John Kading (Midwest), and Deb Loper (Central). The committee will work cooperatively with the Joint Fitness Committee to ensure the needs of the Physical Best users are most. Any one of the committee members will be more than willing to receive your comments or suggestions. Physical Best still remains a program created by physical educators for physical educators. Its future strength will be in making the necessary adjustments to the program as they are needed.

"What Would Happen If..."

Chuck Smith and Herm Weinberg

Have you ever wondered "what would happen if" physical educators taught their physical education classes with the same degree of intensity, commitment, and focus as that with which they coached their teams? Likewise, have you ever wondered "what would happen if" coaches coached their teams with the same degree of intensity, commitment and focus as that with which they taught their physical education classes? As we reflected on these questions, the idea came up of describing how things would be different if these role reversals were actually put into practice.

A flip of a coin resulted in Chuck Smith describing physical education classes (being coached) and Herm Weinberg describing coaching sessions (being taught). Weinberg decided on a humorous approach with his assignment while Smith asked 20 senior secondary physical education majors to help him with his assignment. *(Continued on next page)*

"Coaching" Physical Education

The following list was the result of a short brain-storming session by senior physical education majors who were completing a pre-internship at the high school level at the time.

1. Physical Education would not be the first program cut when the budget gets tighter.
2. Kids would feel better about themselves.
3. Students would tell their parents what a great class physical education was.
4. There would be less sleeping in class due to boredom.
5. More kids would want to sign up for physical education classes — not just the more athletic students.
6. Students would believe that teachers were really concerned with each of them.
7. Teachers would come to class with a better attitude.
8. Students would give 100% during class.
9. Teachers would be prepared for every class.
10. Teachers would feel better about themselves.
11. Students would want to learn.
12. Teachers would be more respected by students.
13. Teachers would be more respected by the faculty and administration.
14. Students would try harder both in and out of school.
15. All students would be on personal health/fitness programs.
16. Classes would have much better camaraderie.
17. Classrooms would be more inviting.
18. Schools and communities would support physical education programs.
19. There would be no non-dressers.
20. Students would want to learn if they saw their teacher excited.
21. Kids would receive more feedback.
22. Teachers would help students set personal goals in every class.
23. Students would be involved almost all of the class time.
24. A team attitude would emerge in every class.
25. Kids would feel like a part of a team even if they had never been on a team.

The "Teacher" Coach

Coach Converse strolls onto the practice field five minutes late. He lost track of time while he was watching films of his last Personal Fitness class. The members of the team are all laying around on the grass discussing the exciting activities they had in their Team Sports elective class. Two of them come up to tell Coach that they forgot to bring their equipment. HE tells them to just walk around the outside of the field until practice is over. After talking to the person who got the highest grade in the Personal Fitness mid-term for five more minutes, Coach decides that it is time to start practice. Since the team practiced plays twice last week, Coach decides to let them choose up teams and scrimmage for the rest of the practice time. With that decided, he send the team manager back to the equipment room to get enough balls for the teams to play. Once the games start, Coach sits down on a bench to watch.

The games are spirited for about a half an hour, then players start to sit on the sidelines. After another short time the team captain asks coach if they have to play any longer. Coach says no, but he adds that they can't go in yet because the activity buses won't be here for an hour. Five players decide to throw a ball around while the rest of the team lays on the ground. Finally Coach blows the whistle and sends them to the locker room. As they are about to leave, he yells to their backs, "don't forget we have a game on Saturday!"

The scenario just described is ludicrous. A coach could not behave that way and survive. Team members, their parents, and the school principal just wouldn't allow it. Fortunately, just about every coach is enthusiastic, well prepared, and is concerned about the achievement of the players on the team. Unfortunately, the same statement cannot be made with the same certainty about the same people when they are responsible for physical education classes.

Chuck Smith and Herm Weinberg are faculty members in the Department of Physical Education at University of South Florida. Excerpted from Florida Journal, September 1993.

NATIONAL GIRLS AND WOMEN IN SPORTS DAY

FEBRUARY 3, 1994

For help in coordinating an event, networking in the state, hints on publicity and sponsors, or information on how to receive a Community Action Kit, contact:

Karen Ruder, State Coordinator for NGWSD
Health and Physical Education, Eastern Montana College, Billings, MT 59101

AAHE Announces New Health Education Advocacy Kit

Is your professional preparation program in jeopardy? The Association for the Advancement of Health Education (AAHE) has compiled the latest resource materials, tips and ideas to help you promote and sustain your health education program.

The new Health Education Advocacy Kit, which includes valuable statistics, trends and rationales, provides valuable ammunition to help you confidently speak in support of health education programs to communities, other educators, media and legislators.

Highlights include excerpts and/or executive summaries of:

- Journal of Health Education Articles
- Variety of Position Statements
- Healthy People 2000 Progress Reports
- NSBA's Comprehensive School Health Project
- Surveys by Metropolitan Life Foundation, Children's Defense Fund, National Adolescent Student Health Survey
- Executive Summaries of Cultural Awareness & Sensitivity, HIV Infection and AIDS Prevention Education, American Cancer Society's "National Action Plan for Comprehensive School Health Education"
- Synopsis of Major Reports & Publications from the Harvard School Health Education Project
- Success Case Studies from Healthy Networks Conference
- National Health Observances
- Special section on working with the media and legislators

To order a Health Education Advocacy Kit, send your name, affiliation and address with a check for $32.50 which includes shipping and handling (payable to AAHE/AAHPERD) to: AAHE, 1900 Association Drive, Reston, VA 22091. For more information, call AAHE at 703-476-3437

Newsletter Helps Instructors Create Healthy Kids

Gerstung Publications has introduced a newsletter for all fitness and physical education instructors who work with youth fitness programs.

Movement Today, the newsletter, serves as an idea source and forum and is dedicated to communication among instructors. Format and style are aimed at giving busy instructors information that is not only pertinent but provocative. It was created as a tool for advancing the cause of children's fitness during times of budget cuts and weakened extra-curricular programming. *Movement Today* features lesson builders, learning trails, equipment set-ups, and other helpful lesson information in ten issues yearly, and is priced at $22 a year.

Gerstung Publications is a part of Gerstung/Gym-Thing, Inc., established in 1964. Gerstung manufactures gymnastics, movement and fitness equipment and publishes resource materials. For more information, call 410-337-7781 or 800-922-375 or write 6308-10 Blair Hill Lane, Baltimore, MD, 21209.

Gerstung continues to make contributions toward improving the quality of all physical education through unique equipment, programs, teaching aids and publications, as well as workshops and demonstrations. The concepts and innovations achieved by this forward-thinking company form a solid foundation for growth in the 90s and beyond.

Smoking kills — let's not mince words.

The Artist, The Issue and The Badvertising Institute

Artist and educator, Bonnie Vierthaler, has found the key to communicating with young people about tobacco...She makes tobacco ads honest. Using the industry's own ads from slick magazines, she "doctors-up" their seductive imagery with pictures from medical journals. She has produced over 60 such collages. They are at once funny, grim and gross, making the devastating hypocrisy of tobacco ads unforgettably clear.

Schools have found that preaching against the ills of tobacco hasn't helped. And the issue of smoking isn't going away. Children know the facts. So why do they smoke?

Observing that our emotions tend to dictate our decision-making and behavioral patterns, Vierthaler feels that we use information simply to justify what we've already subconsciously chosen. Advertisers know this, so they sell to the emotions. They "sell the sizzle; not the steak." The tobacco companies are masters at hooking our emotions and they prey on the vulnerabilities of our unsuspecting young people.

Vierthaler has used these same emotional "hooks" to turn the tobacco ads against themselves. By reversing the message of these insidiously powerful, emotionally charged ads, Vierthaler has created equally powerful, honest messages. Her images don't go away.

Calling herself The Badvertising Institute, Vierthaler began traveling with her *Joy of Smoking* art exhibit in 1986. "I've watched thousands of students respond to the exhibit," she reflects. "When they see the disparity between the ads and the reality...and they figure out that they're being duped by a multi-million dollar industry that doesn't care about them, only their money, they get indignant. When they see the ads for what they are, they gain control of their lives. Self-esteem goes up and healthy decision-making becomes possible."

Every day 4,000 young people light up for the first time. "It breaks my heart. Every child should become aware of the hypocrisy of tobacco ads," asserts Vierthaler. To make that happen, she has converted her exhibit into a slide show and posters and is making them available to the schools She is also reaching out through hospitals, doctors, corporate health programs and substance abuse clinics.

For free information about tobacco education tools including a free catalog of slides and posters from the ***Joy of Smoking*, a spoof on cigarette advertising**, contact: The Badvertising Institute, P.O. Box 8052, Portland, ME 04104, 617-267-5393.

National Association for Girls & Women in Sport

. . . Committed to Quality and Equality . . .

THE NAGWS PATHFINDER AWARDS

The 1993-1994 NAGWS Board of Directors has established the NAGWS Pathfinder Awards to honor NAGWS members who have been or are pathfinders in advocating, recruiting, and enhancing opportunities for girls and women in sport and sport leadership in each state. Nomination forms can be obtained from Krissa A. Baylor, each state's GWS Chair, the NAGWS National Office or on the following page.

To be considered for the award, the nominee must obtain:

1. A nomination by another professional in your state
2. A one-page explanation by the nominator of why nominee deserves award
3. No more than three letters of support from other professionals in your state
4. A black & white (3x5- or 5x7-inch) photo of the nominee

All materials will be sent to the state's GWS Chair by **December 1**.

Recipient will be recommended by a state committee composed of the GWS State Chair, Chair-Elect, and Past Chair (if applicable), a student representative, and one person selected by the committee at-large.

Once the recipient has been selected within her state, all nominating materials should be sent to the Pathfinder Awards Committee Chair, Krissa A. Baylor, Dept. of Physical Education and Recreation, West Georgia College, Carrollton, GA 30118, by **January 1**.

Each state recipient will receive the NAGWS Pathfinder Award on GWS Day in April at the 1994 AAHPERD Convention in Denver.

AAHPERD NATIONAL CONVENTION & EXPOSITION
DENVER 1994
SHARING OUR VISION

Mark your calendar now to attend the 1994 AAHPERD national convention in Denver, Colorado. As an HPERD professional, you can't afford to miss this invaluable learning opportunity.

- *Choose from more than 400 sessions, workshops, and conferences.*
- *Visit over 250 exhibits—your source for valuable information.*
- *Network with your peers.*
- *Learn the latest trends, innovations, and research.*
- *Acquire new skills and practical solutions to apply in your programs.*

JUMP ROPE FOR HEART

National Association for Girls & Women in Sport

. . . Committed to Quality and Equality . . .

NAGWS PATHFINDER AWARD NOMINATION FORM

Name_____ _____ _____
(last) (first) (initial)

Circle one: Ph.D. Ed.D. Mrs. Ms.

Address:_____ _____ _____
(street) (city) (state)

_____ Phone: ( ) _ _ _ - _ _ _ _
(zip code)

**NOMINEE MUST BE AN NAGWS MEMBER

_____ Present Member

_____ Retired Member

AAHPERD membership number _____

**AWARD WILL BE PRESENTED AT THE GWS GENERAL SESSION AT AAHPERD CONVENTION IN DENVER, APRIL, 1994. PLEASE CHECK CONVENTION MATERIAL FOR DATE, TIME, AND ROOM.

AAHPERD CONVENTION

_____ Nominee will attend

_____ Nominee will not attend **Accepting on her behalf will be: _____

Nominator: Name _____ Phone: ( ) _ _ _ - _ _ _ _

Please attach to nomination form:
--one-page letter by nominator
--no more than 3 letters of support
--a black and white photo (3x5 or 5x7)
--optional: one-page vita

**RETURN COMPLETED MATERIAL TO THE STATE GWS REPRESENTATIVE BY DEC. 1.

**THIS IS A STATE NOMINATION FORM. EACH STATE WILL FORWARD ITS SELECTION TO THE PATHFINDER AWARDS COMMITTEE.

QUESTIONS? Call:

KRISSA A. BAYLOR
PATHFINDER AWARDS COMMITTEE CHAIR
(404) 836-6530

JENIFER LIBERI
NAGWS OFFICE
(703) 476-3452

An Association of the American Alliance for Health, Physical Education, Recreation and Dance
1900 Association Drive, Reston, VA 22091 (703) 476-3452 Fax: (703) 476-9527

MONTANA ASSOCIATION FOR HEALTH, PHYSICAL EDUCATION, RECREATION AND DANCE

MEMBERSHIP APPLICATION FORM

Mr.(1)
Ms. (2)_____ Phone ( )_____ Date / /

(Print) Last First MI

Home Address _____

Street City State Zip Code

Business Address _____

School or Agency City State Zip Code

Type of Membership (Check One)

Professional _____ (1) $15
Student _____ (2) $5
Retired _____ (3) No Cost

Previous MAHPERD Member:
_____ Yes _____ No

AAHPERD Member:
_____ Yes _____ No

Professional Employment/Involvement

Elementary	___	(1)
Secondary	___	(2)
College	___	(3)
Government	___	(4)
Administration	___	(5)
Health Club	___	(6)
Corporate/ Agency Fitness	___	(7)
Recreation	___	(8)
Student	___	(9)

Main Areas of Interest

Elementary	___	(1)
Secondary	___	(2)
College	___	(3)
Adapted	___	(4)
Fitness	___	(5)
Health Education	___	(6)
Girls/Womens Ath	___	(7)
Boys/Mens Ath	___	(8)
Intramurals	___	(9)
Recreation	___	(10)
Dance	___	(11)

☐ Check here if you ran a JRFH event last year.

Make Checks Payable to: MAHPERD

Membership year: October 1 through September 30

Mail to: Scott Richter, Treasurer
HHP, The University of Montana
Missoula, MT 59812-1055

THE RESOURCE

ATTENTION STUDENTS

Win A Trip to the Denver Convention!

The Student Action Council (SAC) is challenging major clubs throughout the country to become involved in a nationwide student jump event by participating in a SAC sponsored Jump Rope for Heart (JRFH) Contest on their college campuses! Jump Rope for Heart is a special event that teaches the benefits of lifelong exercise and helps raise funds for the American Heart Association.

The majors club raising the most money in the 1993-1994 contest will receive the following:

- Be recognized during the student social at the 1994 National Convention in Denver
- Each member of the club who participated would receive a certificate
- A traveling trophy will be presented to the majors club to keep in their possession for one year; the trophy would then "travel" to the majors club raising the most money in the 1994-1995 contest
- Recognition in appropriate AAHPERD and Association newsletters.

The individual student major raising the most money in the 1993-1994 contest will receive the following:

- His/her airfare would be paid to the Denver Convention
- Individual would recieve a complimentary one-year AAHPERD membership (if not already a member)
- Individual would have his/her convention registration fee paid
- Individual would be recognized at the student social with an award
- Recognition in appropriate AAHPERD and Association newsletters

If your majors club is interested in participating please fill out the information below.

My club wishes to participate in the SAC/JRFH contest. Please send me an information packet on the contest and how to run the event.

Name of Club Advisor/President
Name of Club
College/University
Complete Mailing Address

Mail to: *Student Action Council, ARAPCS, 1900 Association Drive, Reston, VA 22091*

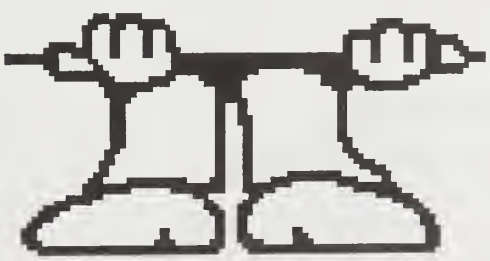
ADVERTISING RATES

Montana Journal

Space	1 Issue	2 Issues
1 page	$35.00	$60.00
1/2 page	20.00	37.00
1/3 page	15.00	28.00
Inside Covers	45.00	80.00

Share your ideas in the next issue!!

Support Your Journal!



ASSOCIATION FOR HEALTH, PHYSICAL EDUCATION, RECREATION AND DANCE

PEPI NOMINATION

YOUR NAME:_____

ADDRESS:_____

CITY:_____ ZIP_____

TELEPHONE: HOME_____ WORK_____

CITY:_____ ZIP_____

NOMINEE'S NAME OR ORGANIZATION:_____

ADDRESS:_____

TELEPHONE: HOME_____ WORK_____

SCHOOL OR BUSINESS:_____

ADDRESS:_____

CITY:_____ ZIP_____

PRINCIPAL:_____

SUPERINTENDENT:_____

EMPLOYER/SUPERVISOR (if not education):_____

TEACHING ASSIGNMENTS (CLASSES /GRADE LEVEL(S):_____

YEARS OF TEACHING:_____

REASON FOR RECOGNITION:

Please forward to:
Terry Grant
PEPI Coordinator
Box 462
Box Elder, MT 59521

ASSOCIATION FOR HEALTH, PHYSICAL EDUCATION, RECREATION AND DANCE

OFFICIAL APPLICATION FORM

Nominee for (check one): ☐ Honor Award ☐ Distinguished Service ☐ Above and Beyond ☐ Wellness ☐ Honorary Life ☐ Striving for Excellence

Nominees name:_____ MAHPERD MEMBER

Present position:_____ ☐ Yes ☐ No

Professonal address:_____ Business phone _____

City, State:_____ Zip_____ Home phone _____

(Please fill out all that is applicable)

1. Education — Institution/Address — Degree — Date

_____

_____

_____

---

2. Professional experience:

Position — Professional Address — Dates

_____

_____

_____

_____

3. Contributions to local school system:

_____

_____

_____

_____

(OVER)

4. Contributions to the community:

_____

_____

_____

5. Contributions to the profession:
   a. professional offices held:_____

_____

_____

_____

_____

   b. professional achievements:_____

_____

   c. publications:_____

_____

6. Summary statement of other supportive information and qualifications. (Please type)

_____

_____

_____

_____

_____

Submitted by:_____ Home phone _____
Address:_____ Work phone_____
_____ Zip_____ Date_____

Return to: MAHPERD AWARDS
% Dave Oberly
435 Clark Ave
Billings MT 59101

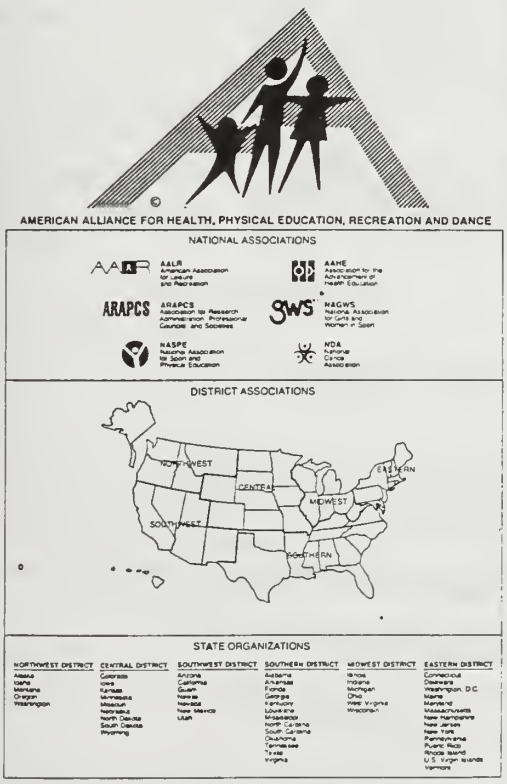
AAHPERD NATIONAL CONVENTION & EXPOSITION

DENVER 1994

SHARING OUR VISION

Mark your calendar now to attend the 1994 AAHPERD national convention in Denver, Colorado. As an HPERD professional, you can't afford to miss this invaluable learning opportunity.

- *Choose from more than 400 sessions, workshops, and conferences.*
- *Visit over 250 exhibits—your source for valuable information.*
- *Network with your peers.*
- *Learn the latest trends, innovations, and research.*
- *Acquire new skills and practical solutions to apply in your programs.*



Calendar of Events

Tuesday, April 12

8:00 a.m. – 5:00 p.m.	Pre-Convention Conferences
8:15 p.m.	R. Tait McKenzie Memorial Lecture
9:30 p.m. – 11:00 p.m.	Welcome Reception

Wednesday, April 13

7:30 a.m. – 8:30 a.m.	Early Bird Sessions
7:30 a.m. – 9:00 a.m.	Research Consortium McCloy Lecture Breakfast
9:00 a.m. – 5:30 p.m.	Convention Programs
2:00 p.m. – 3:15 p.m.	NASPE General Session
Evening	Central District AAHPERD Evening

Thursday, April 14

7:30 a.m. – 8:30 a.m.	Early Bird Sessions
8:45 a.m.	Exhibits Opening Ceremony
9:00 a.m. – 3:15 p.m.	Convention Programs
10:45 a.m. – Noon	ARAPCS General Session
12:15 p.m. – 1:30 p.m.	NDA Heritage Luncheon
3:30 p.m. – 5:30 p.m.	Alliance General Session and Recognition Awards
Evening	Alliance Evening

Friday, April 15

7:30 a.m. – 8:30 a.m.	Early Bird Sessions
8:00 a.m. – 10:00 a.m.	Central District Representative Assembly
8:00 a.m. – 10:30 a.m.	AALR Jay B. Nash Breakfast Banquet
9:00 a.m. – 10:15 a.m.	Alliance Scholar Lecture
9:00 a.m. – Noon	AAHE Assembly of Members
9:00 a.m. – 5:30 p.m.	Convention Programs
10:45 a.m. – Noon	Colorado AHPERD Representative Assembly
10:45 a.m. – Noon	NAGWS General Session
Noon – 1:15 p.m.	AAHE Awards Luncheon
Noon – 1:15 p.m.	NAGWS Awards Luncheon
1:00 p.m. – 2:00 p.m.	District Caucus
1:30 p.m. – 2:30 p.m.	Alliance Assembly Check–In
2:30 p.m. – 5:30 p.m.	Alliance Assembly, First Session
5:30 p.m. – 6:30 p.m.	District Caucus
Evening	Colorado AHPERD Evening

Saturday, April 16

7:30 a.m. – 8:30 a.m.	Early Bird Sessions
8:00 a.m. – 10:00 a.m.	Central District Representative Assembly
9:00 a.m. –10:15 a.m.	NDA General Session
9:00 a.m. – 5:30 p.m.	Convention Programs
Noon – 1:15 p.m.	NASPE Awards Banquet
1:30 p.m. – 2:30 p.m.	Alliance Assembly Check–In
2:30 p.m. – 5:30 p.m.	Alliance Assembly, Second Session
Evening	No-Host Hoedown/Wind Down

MONTANA HEALTH ENHANCEMENT MODEL CURRICULUM

Montana school accreditation standards require students to participate in classes of Health Enhancement in elementary grades K-6, middle/junior high grades 7-8, and 1 unit over two years at the high school level.

Currently, the Office of Public Instruction has several publications designed to assist teachers in developing lessons and programs in Health Enhancement. These include: Health Enhancement: A Design for Montana's Future, Health Program Planning Guidelines, Montana in Action, several pieces dealing with program and student evaluation, several pieces dealing with HIV/AIDS education, and various other publications dealing with drug abuse prevention, suicide prevention and the Youth Risk Behavior Survey.

While all of these publications are helpful and provide Health Enhancement teachers with a wide variety of resources, none of them actually provides lessons developed to meet the learner outcomes of the accreditation standards. All provide information and references which assist teachers in developing their own curriculum.
It has become increasingly apparent that Montana needs a curriculum developed that incorporates the philosophy of health enhancement into lessons that are age appropriate, meet the model learner outcomes, and reflect current research concerning health education.

The rationale for this development comes from two areas: First, elementary classroom teachers provide the bulk of the health enhancement curriculum at the elementary level. These are teachers who are already responsible for lesson planning in a variety of other curricular areas. These teachers also receive limited preparation at the university level. Consequently, their curriculum comes from a book, or in many cases, is ignored altogether. For the health enhancement professional, prepared in either health or physical education, the health enhancement philosophy is new, they have limited inservice/preservice exposure to it, and in many cases are reluctant to make changes in established programs.

PROPOSAL: Contract with individuals in the Health and Human Development Department at Montana State University to develop a "Health Enhancement Model Curriculum," complete with lesson plans (similar to the Michigan model). This is to be developed in stages, with the initial development at the K-6 level (identified as having the greatest need). NOTE: The HHD Department at MSU has a strong background in the development of the Health Enhancement program and has initiated catalog changes to meet these requirements. The department also has expertise in physical education, health, human development and cultural sensitivity with specialists willing to work together to deliver a quality product.
COST: Anticipated cost for stage 1 (K-6) of the project is $16,000. This includes contracting for services with Montana State University (four individuals, three at $1,000, one at $2,500, and one at $500 for a total of $6,000) printing costs at $9,000, and notebooks and tabs at $2,000.

TIMEFRAME FOR THE HEALTH ENHANCEMENT MODEL CURRICULUM 1993-1994

1. Selection of curriculum project director and writers. — August 1
2. Completion of interagency agreement with MSU. — September 1
3. Agreement on curriculum format. — September 10
4. Project director and OPI meet to assess progress. — October 22
5. Project director and OPI meet to assess progress. — November 19
6. Project director and OPI meet to assess progress. — December 15
7. MSU project director gives to OPI completed curriculum in hard copy and computer disc format. — January 7
8. OPI secures bids for hardcover binders and bids for curriculum printing. — January 7
9. OPI completes camera ready edition and introductory piece. — January 21
10. OPI sends camera ready materials for production of binders and curriculum content. — January 28
11. OPI receives completed prining job and binders. — February 28
12. Materials distributed per agreement of financial partners. — March 30

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National Association for Girls and Women in Sport (NAGWS): Fosters quality and equality in sports for girls and women. Serves those who teach, coach, train and administer all sports (including club sports and intramurals) at elementary, secondary and college levels.

Association for the Advancement of Health Education (AAHE):
Preserves and improves health through education. Promotes both the process of health education and specific health education programs.

Association for Research, Administration, Professional Councils, and Societies (ARAPCS): Coordinates activities of the following special interest groups:

- *Adapted Physical Activities*
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1 2 National Dance Association (NDA)
1 2 Association for the Advancement of Health Education (AAHE)
1 2 Association for Research, Administration, Professional Councils and Societies (ARAPCS)
1 2 National Association for Girls and Women in Sport (NAGWS)
1 2 National Association for Sport and Physical Education (NASPE)
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GUIDELINES
for Contributing Authors
to the
Montana Journal of Health, Physical Education, Recreation and Dance

GUIDELINES FOR PREPARATION OF MANUSCRIPTS

The *Montana Journal* is published each Fall and Spring by the Montana Association of Health, Physical Education, Recreation and Dance. Manuscripts should be sent to: Daniel G. Graetzer, Editor *Montana Journal*, Department of Health & Human Performance, The University of Montana, Missoula, MT 59812. The title of the manuscript, the author name and affiliation, mailing address of primary author, and a brief biographical sketch of each author should appear on a cover title page. If possible, please include a computer disk (either IBM or Macintosh) with the file saved on it with your submission.

MANUSCRIPT

Manuscripts must be typed on $8^1/_2$" by 11" white 25% bond paper and submitted in triplicate. Authors should adhere to the guidelines provided in the *Publication Manual of the American Psychological Association, 3rd Ed.*, (APA). Copies of this manual are found in most college and university libraries. Recommended length for manuscripts is 5-8 typed pages. However, one- or two-page manuscripts about such things as teaching or coaching points would be very appropriate, especially if a diagram or drawing were included. Manuscripts must be double-spaced including all block quotations, field notes, references, and tables. Tables, figures, and graphs must be clearly labeled and included on separate pages.

Deadline Dates for Submitting Material to the Journal

News/Dates/Announcements/Manuscripts

Fall/Winter Issue	October 15
Spring/Summer Issue	February 15